

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/05/2018 16:51
Date Of Accident	17/05/2018 13:30
Exact Location Of Accident	LORONG 13 GEYLANG FROM GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6146M
Insured/Policyholder	
Name Of Registered Owner	LIM FANG HOU
NRIC No	S8514634C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97779546
Alternative Phone No	OTHERS-97440328

Vehicle Particulars

Manufacturer	SUZUKI
Model	GRAND VITARA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA124969
Cover Note Number	

Driver

Name of Driver	TAY KIAN BOON, KELVIN
NRIC No	S8334603E
Date Of Birth	03/11/1983
Occupation	INDOOR
Date Of Driving Pass	26/12/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97440328
Fax Number	
Contact Number	
Email Address	ASKMYADVISOR@GMAIL.COM

Address	BLK 614A EDGEFIELD PLAINS #13-313 SINGAPORE
Postcode	821614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6813X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

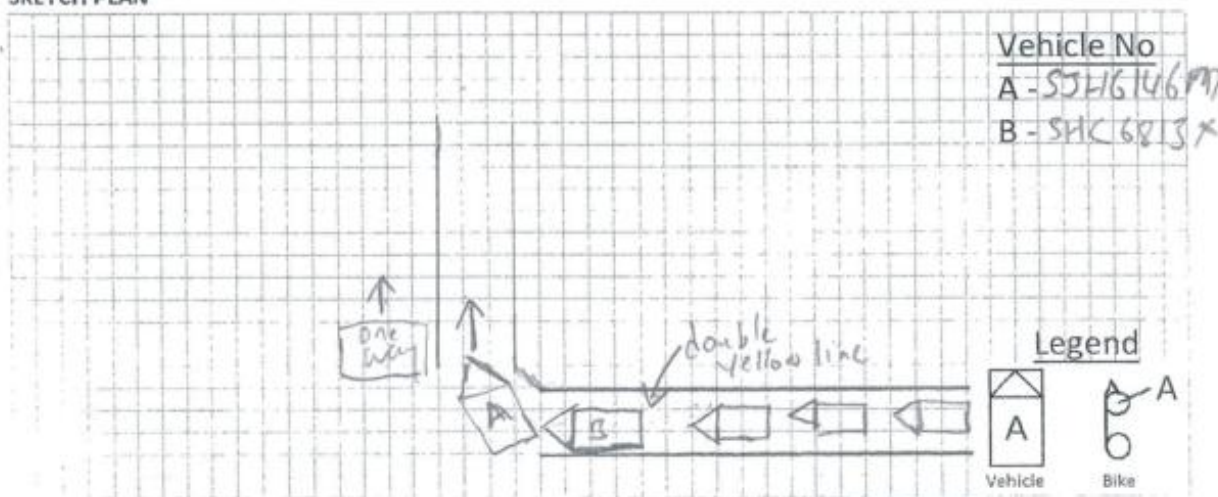
Driver's Signature
(If driver is not the policyholder)
Date & Time:

1717

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1:30pm on 17/5/2018 (Thursday), I was driving along Geylang road, making a turn into Lor 13 Geylang. I signalled and ensure it's clear before making the right turn. Before turning, I noticed Vehicle B (SHC 6813X) was stationary and picking up a passenger along a double yellow line road.

Upon turning, I felt a hit at my right rear passenger side.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

GLA/RMC SketchPlanForm V2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/5/2018
1717

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Pathen

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 17/5/18		Time 1330		2 Exact location of accident Lor 13 Geylang from Geylang Road		3 Injuries given if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SJH 6146M

6 Insured / policyholder (see insurance cert.)

Name: Lim Fang Hou

Address

NRIC / Passport no. S8514634C

Tel no. (from Sun till Spm)

HP 97779546

7 Vehicle

Make, type Suzuki Grand Vitar 1995cc

8 Insurance company

FAA ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☐

Policy No. GA124969

9 Driver

☐ Issue as Owner

Name: Tay Kian Boon, Kelvin

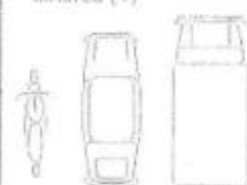
NRIC / Passport no. S8334603E

Class of licence

HP 9744 0338

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

12 My remarks

12 CIRCUMSTANCES

13 Tick cross (X) to each of the following boxes applicable to your vehicle

- ☐ Clear Collision
- ☐ Collided into Bicycle
- ☐ Collided into Motorcycle
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Over Lane
- ☐ Collision - Drive Backward
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Merge/Divide Rd
- ☐ Collision - Crossing Box of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Drink Driving / Drug Influence
- ☐ Van, Tractor or Tricycle
- ☐ Road
- ☐ Road Work / Manhole / Damage to road surface
- ☐ Not by Police / Other Charge
- ☐ No Collision
- ☐ Not Sure
- ☐ Other

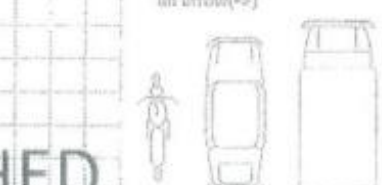
State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

14 Indicate the point of initial impact with an arrow (→)



15 Indicate the point of initial impact with an arrow (→)



16 Visible damage to vehicle B

17 My remarks

18 Signatures of drivers

[Signature]

A

B

19 In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						
To be completed and submitted within 24 hours to your insurer or 24ac or appointed workshop (Use a separate sheet of paper where necessary)						
Insured	1 Occupation (if more than one, state all)					
	2 Vehicle registration no.		C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner	state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify					
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.					
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	3/11/83	Indoor	Outdoor	26/12/2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)		
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station					
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?					
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>		
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>		
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr			
	17 What warnings were given by driver or other party?					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)?					
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident					
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)					
	22 State number of Passengers (including Driver) <input type="text"/> 1					
	I/We declare the foregoing particulars are true in every respect					
Policyholder's signature _____ Date _____						
Driver's signature (if driver is not the policyholder) _____ Date _____						


redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

LIM FANG HOU MRS LI FANG HOU
 BLK 342C #10-1938
 YISHUN RING ROAD
 SINGAPORE 763342

Renewal

date
14/08/2017

your servicing distributor
MAXURANCE VENTURE / 03926

your servicing distributor contact
6100 2592

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	LIM FANG HOU MRS LI FANG HOU	Policy number	VA1 / GA124969
Cover	Comprehensive	FIN / NRIC	S8514634C
Period of Insurance	from 09/09/2017 to 08/09/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 10% NCD	SGD 1,165.97
7% GST	SGD 81.62
Final Premium	SGD 1,247.59

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	SUZUKI VITARA 2.0	Year of manufacture	2008
Vehicle registration number	SJH6146M	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1995
Seating capacity (excl driver)	4	Engine number	J20A598725
Off-Peak car	No	Chassis number	JSAJTE54V00300733

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	SING INVESTMENTS & FINANCE LIMITED

Excess applicable (refer to Policy Wording for other applicable Excesses)


Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00


Drivers details

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8334603E




Name
TAY KIAN BOON, KELVIN
郑 坚 文
Race
CHINESE
Date of birth
03-11-1983
Country/Place of birth
SINGAPORE

Sex
M

S8334603E


REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number S8334603E
Name
TAY KIAN BOON, KELVIN

Birth Date 03 Nov 1983
Issue Date 26 Dec 2008

00169 1591C

5372151


NRIC No. S8334603E



Date of Issue
20-10-2014

Address
APT BLK 614A EDGEFIELD PLAINS
#13-313
SINGAPORE 821614

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
26 Dec 2008

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

 3663

Licence No. S8334603E

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



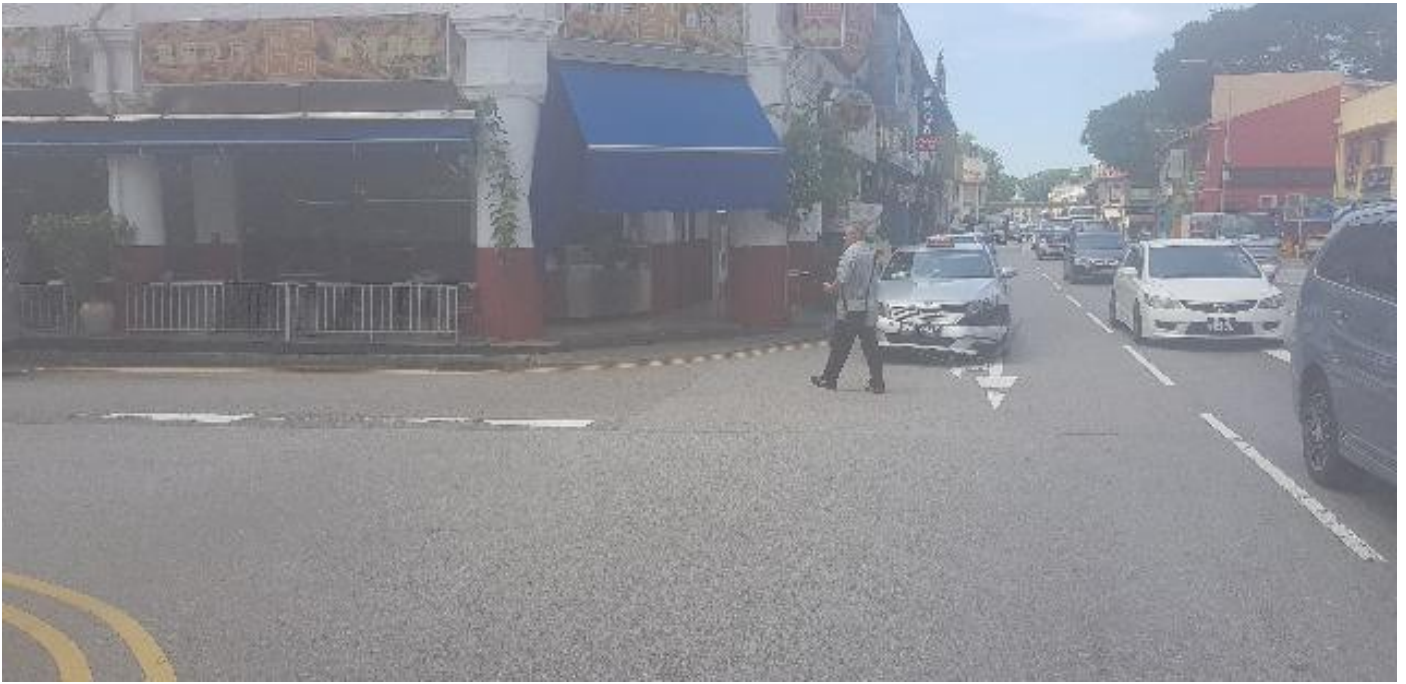
SCENE PHOTO



SCENE PHOTO



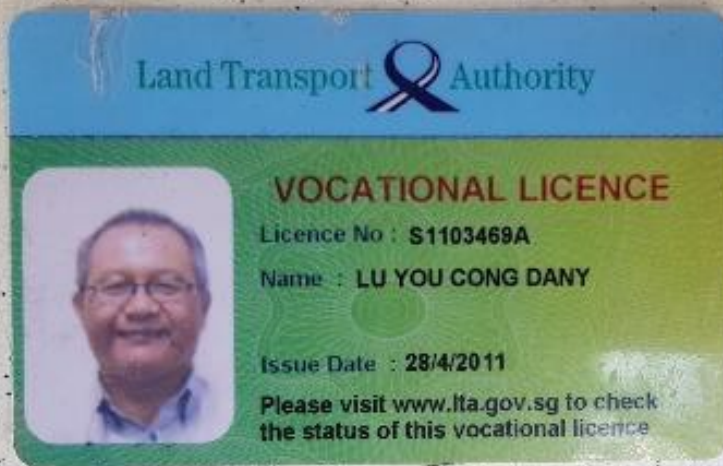
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SCENE PHOTO



TP DRIVING LICENSE



TP DRIVING LICENSE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	09/07/1986

